



New Jersey Office of the Attorney General

Division of Consumer Affairs

New Jersey State Board of Accountancy

124 Halsey Street, 6th Floor, P.O. Box 45000

Newark, New Jersey 07101

(973) 504-6380

**Instructions for the Reactivation of an
Inactive-Paid Accountant's License**

Submit all of the following to the mailing address indicated above:

Reactivation Application:

Fill out the application form completely and have it notarized.

Application Fee: \$45.00.

Record of Employment:

Submit a copy of your most recent resume, which should include your current employer and a description of your duties.

Notarized Statement:

- (1) List each job held during the inactive licensure period. Include the name, address and full telephone number for each employer;
- (2) Clearly and concisely state whether or not you were engaged in the practice of your profession or occupation in New Jersey during the period that your New Jersey license was inactive. If you were practicing during this inactive licensure period, include a description of the type of work or projects with which you were involved.

Proof of Competency:

Please provide satisfactory proof that the applicant has maintained proficiency by completing the continuing professional education credits required by **N.J.S.A. 45:2B-68a** and/or **N.J.S.A. 45:2B-71**, as well as **N.J.A.C. 13:29-6.2(a)**.



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**Application for Reactivation of an Inactive-Paid
New Jersey Accountant's License**

**You may not practice in the State of New Jersey until your license has been reactivated.
Complete the following information. Please print clearly.**

Legal name: _____

Mailing address: _____
Street

City State ZIP code

Address of Record*: _____
Street

City State ZIP code

Home telephone number: _____ (include area code) Work telephone number: _____ (include area code)

Fax number: _____ (include area code) E-mail: _____

Social Security number: _____ Date of birth: _____
Month Day Year

N.J. Accountant's License number: _____

Date license was made inactive: _____
Month Day Year

1. Does your employer or firm, or do you issue audited, reviewed or compiled financial statements?** ☐ Yes ☐ No
2. Do you perform management, financial, consulting or tax services as a licensee?** ☐ Yes ☐ No
3. Have you completed the Continuing Professional Education requirement for licensure during the most recent period? ☐ Yes ☐ No
4. Have you completed the required four-credit New Jersey law and ethics course? ☐ Yes ☐ No

* **Your address of record is considered public information and will be posted as part of the Licensee Directories made public. Failure to include an address of record will delay the processing of the reactivation of your license.**

** **Please note that any person who represents himself or herself as a licensee and who practices as a sole proprietor on either a full- or part-time basis must not only be individually licensed by the Board, but must also be registered as a firm with the Board.**

5. Since your last renewal, have you been arrested, charged, or convicted of any crime or offense **that you have not already reported to this Board?*** ☐ Yes ☐ No
6. Are there any criminal charges pending against you at this time?* ☐ Yes ☐ No
7. Since your last renewal, has any action been taken or is any action now pending against your professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation, or action by any other licensing authority **that you have not already reported to this Board?** ☐ Yes ☐ No
- * **You are not required to answer “Yes” for minor traffic offenses, such as speeding or parking violations; but all other motor vehicle offenses, such as driving while impaired or intoxicated, must be disclosed.**

AFFIDAVIT OF APPLICANT

I, _____, being duly sworn, depose and say under penalty of false statement, that I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

I have read the above and understand the same.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

Continuing Professional Education

Continuing Professional Education (C.P.E.) Requirements: The New Jersey State Board of Accountancy requires 120 C.P.E. credits as summarized in N.J.S.A. 45:2B-71 (R.M.A.'s only) and N.J.A.C. 13:29-6.29(a). You must list below the courses taken in chronological order. (See N.J.A.C. 13:29-6.3 and N.J.A.C. 13:29-6.4 for qualifying subject matter.) The Board's statutes and regulations can be found on the Board's Web site: www.NJConsumeraffairs.gov/accountancy. If you need additional space, copy this page and check here ☐.

Indicate the area in which you practice: ☐ Public Accounting

☐ Other _____

[illegible]

Signature of licensee

Date

Print licensee's name _____

License number